

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
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25						
26	1					
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34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total indep	3					
Total depend	42					
Total claims	45					

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	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total indep						
Total depend						
Total Claims						